

SECTION 13

MEDICARE CROSSOVER CLAIMS

Medicare/Medicaid (crossover) claims that do not cross automatically from Medicare to Medicaid, must now be filed through the Medicaid billing website at www.emomed.com or through the 837 electronic claim transaction. This requirement became effective July 1, 2005. Before filing an electronic crossover claim, please wait sixty (60) days from the date of your Medicare payment to avoid possible duplicate payments from Medicaid.

The major reason that claims do not cross over electronically from Medicare to Medicaid is because Medicaid enrolled providers have not provided Medicaid with their Medicare provider number or have provided an invalid or inactive Medicare provider number. If the hospital provider has a Medicare Part A or Medicare Part B number or both, then the Medicare number(s) must be on the Medicaid provider master file in order for the claims to electronically cross over from Medicare to Medicaid.

If the provider has any doubt as to what Medicare number(s) is (are) on file for the provider, contact the Provider Enrollment Unit by e-mail at ProviderEnrollment@dss.mo.gov. If you have not submitted your provider number to Medicaid, you can fax a copy of the Medicare letter showing the Medicare provider name and Medicare number assigned along with a cover letter explaining why the information is being submitted to the enrollment unit. The unit's fax number is 573/526-2054.

Following are tips to assist you in successfully filing a claim at the Medicaid billing website:

- At the Medicaid billing website at www.emomed.com, choose the same crossover claim form that you completed to bill Medicare. For hospital Part A claims, select "Medicare UB-92 Part A Crossover." For hospital part B of A, select "Medicare UB-92 Part B of A Crossover." Be sure you select the correct provider number from the drop down box in the upper right hand corner of the first claims screen.
- Enter the information in the fields on the screen exactly as you did on your Medicare billing except that you should enter the patient's name as it appears on the Medicaid card and **not** the name that is shown on the Medicare remittance advice.
- There are HELP screens at the bottom of each screen page to provide instructions for completing the crossover claim screens, the "Other Payer" header and the "Other Payer" detail screens. Print each HELP screen in its entirety for reference when completing claims on the Internet.
- There must be an "Other Payer" header screen completed for every crossover claim type. This provides information that pertains to the whole claim.
- For Part A claims, the provider **must** complete both the revenue code and the days or units billed fields at the line level. No other information is required at the line level.

- Part B of A claims need the "Other Payer" header form completed without group code, reason code and adjustment amount information. Completion of an "Other Payer" detail screen form is required for each claim detail line.
- The five (5) codes that can be entered in the "Group Code" field on the "Other Payer" Header and Detail screen forms are in a drop down box and you should choose the appropriate code. For example, the "PR" code (patient responsibility) is understood to be the code assigned for deductible and/or coinsurance amounts shown on your Medicare EOMB.
- The codes to enter in the "Reason Code" field on the "Other Payer" Header and Detail screen forms are found on your Medicare EOMB. If not listed there, you must choose the most appropriate code from the list of "Claim Adjustment Reason Codes" which can be found in the HIPAA Related Code List under the Quick Links at <http://www.dss.mo.gov/dms>. For example, the code shown on the "Claim Adjustment Reason Codes" list for "deductible amount" is 1 and for "coinsurance amount" is 2. Therefore, you would enter a "Reason Code" of "001" for deductible amounts due and a "Reason Code" of "002" for coinsurance amounts due.
- The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance, and any non-allowed amounts.
- If there is a commercial insurance payment or denial to report on the crossover claim, you must complete an additional "Other Payer" Header form. You must also complete an additional "Other Payer" Detail form(s) if the commercial carrier provided detail line information for line payments and denials.

Samples of Part A (inpatient hospital) and Part B of A (outpatient hospital) claims are displayed on the following pages.

SAMPLE - MEDICARE HOSPITAL REMITTANCE ADVICE

PART A INPATIENT (NO TPL)

MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE

FPE: 06/30/2005

Mutual of Omaha

PAID: 04/22/2005

CLM#: 22

TOB: 111

26XXXX

PATIENT: SHRIEK	WILL	PCN: 327XXXXX
HIC: 400-00-0000A	SVC FROM: 01/31/2005	MRN: 111100
PAT STAT: CLAIM STAT: 1	THRU: 02/09/2005	ICN: 20517900129999 02

CHARGES:	PAYMENT DATA: 315 = DRG	0.000 = REIM RATE
33997.41 = REPORTED	10171.82 = DRG AMOUNT	0.00 = MSP PRIM PAYER
0.00 = NCVD/DENIED	893.25 = DRG/OPER/CAP	0.00 = PROF COMPONENT
23825.59 = CLAIM ADJS	0.00 = LINE ADJ AMT	0.00 = ESRD AMOUNT
33997.41 = COVERED	0.00 = OUTLIER	0.00 = PROC CD AMOUNT
DAYS/VISITS:	0.00 = CAP OUTLIER	33997.41 = ALLOW/REIM
9 = COST REPT	912.00 = CASH DEDUCT	0.00 = G/R AMOUNT
0 = COVD/UTIL	0.00 = BLOOD DEDUCT	0.00 = INTEREST
0 = NON-COVERED	0.00 = COINSURANCE	0.00 = CONTRACT ADJ
0 = COVD VISITS	0.00 = PAT REFUND	0.00 = PER DIEM AMT
0 = NCOV VISITS	0.00 = MSP LIAB MET	9259.82 = NET REIM AMT

ADJ REASON CODES: CO 94 23825.59

PR 1 912

REMARK CODES MA02

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
0120	02/09				7	4760.00	4760.00					
0200	02/09				2	3244.00	3244.00					
0250	02/09				234	1238.00	1238.00					
0255	02/09				1	67.00	67.00					
0258	02/09				12	500.00	500.00					
0270	02/09				50	4468.41	4468.41					
0278	02/09				1	3352.00	3352.00					
0300	02/09				8	80.00	80.00					
0301	02/09				20	1718.00	1718.00					
0305	02/09				8	400.00	400.00					
0306	02/09				1	98.00	98.00					
0307	02/09				2	84.00	84.00					
0320	02/09				1	1443.00	1443.00					
0323	02/09				1	1733.00	1733.00					
0324	02/09				2	341.00	341.00					
0351	02/09				2	2201.00	2201.00					
0361	02/09				3	6087.00	6087.00					
0410	02/09				20	1378.00	1378.00					
0420	02/09				2	120.00	120.00					
0424	02/09				1	174.00	174.00					
0921	02/09				1	511.00	511.00					

Using this example of a Medicare EOMB, the following pages will guide you step-by-step through the process to file your Crossover Claim through the Medicaid billing Website at www.emomed.com to collect the deductible/coinsurance amount.



State of Missouri Medicaid



Medicare UB92 Part A Crossover

If you are not XXXXXXXXXX please logout

[Logout](#)

User: XXXXXXXXXX		Provider: 010000000 SAMPLE NUMBER		
Claim Frequency Type Code* 1-Original		Provider Medicare Number* 26XXXX		
Patient Name (Last Name, First Name)* Shriek Will		Patient Medicaid ID* 99999999		
Patient Medicare ID (HIC)* 400000000A		Patient Account No. 		
Patient Status* 01- Discharged to Home				
Type of Bill* 11-Hospital Inpatient				
Date of Service (mm/dd/yy)* From Date 01 / 31 / 05 Thru Date 02 / 09 / 05		Admission Date (mm/dd/yy)* 01 / 31 / 05		
Covered days* 9	Non Covered Days 0	Co Insurance Days 0	Lifetime Reserved Days 0	
Resubmission Ref. No. 		Billed Charges \$* 33997.41		
Diagnosis Codes* (Do not include the decimal) 1. 3950 2. 2720 3. 2449 4. 5.		Attending Physician ID* 200000000		
Surgery Procedure Code 8942	Date (mm/dd/yy) 01 / 31 / 05	Surgery Procedure Code 	Date (mm/dd/yy) / /	
	/ /		/ /	
	/ /		/ /	
Header Other Payers: * ADD/EDIT				
Line No.	Revenue Code*	Days/Units Billed*	Procedure Code Modifiers	Detail Other Payers
1.		0		ADD/EDIT
				ADD DETAIL LINES

[View Other Payers](#)

[Continue...](#)

[Reset](#)

- At the Medicaid billing website, click on 'Medicare UB92 Part A Crossover'. This brings you to the screen above.
- Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.



State of Missouri Medicaid



Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part A Crossover claim.

Fields marked * must be filled in.

Other Payer #1					
Filing Indicator* MA-Medicare		Other Payer Name* Medicare Mutual			
Paid Amount \$ 9259.82		Paid Date (mm/dd/yy)* 04 / 22 / 05		Medicare Claim No. 20517900129999	
Header Allowed Amount \$ * 33997.41			Total Denied Amount \$ 0.00		
Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	094	23825.59	PR-Patient Responsibility	001	912.00
					
Add Reason Codes					
Remark Codes MA02					
Remove Payer #1					

[Add Payer](#)

[Done](#)

[Cancel](#)

[\[Help\]](#)

- Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top of the form and complete the information at the top as well as the information under Group Codes, Reason Codes and Adjustment Amounts. The codes and amounts will usually be shown on your Medicare EOMB.
- After entering the information, click on 'Done'.



State of Missouri Medicaid



Medicare UB92 Part A Crossover					
If you are not XXXXXXXXXX , please logout					Logout
User: XXXXXXXXXX		Provider: 010000000 SAMPLE NUMBER			
Claim Frequency Type Code* 1-Original		Provider Medicare Number* 26XXXXX			
Patient Name (Last Name, First Name)* Shriek Will		Patient Medicaid ID* 99999999			
Patient Medicare ID (HIC)* 400000000A		Patient Account No. 			
Patient Status* 01- Discharged to Home					
Type of Bill* 11-Hospital Inpatient					
Date of Service (mm/dd/yy)* From Date 01 / 31 / 05 Thru Date 02 / 09 / 05			Admission Date (mm/dd/yy)* 01 / 31 / 05		
Covered days* 9		Non Covered Days 0		Co Insurance Days 0	
Resubmission Ref. No. 		Billed Charges \$* 33997.41			
Diagnosis Codes* (Do not include the decimal) 1. 3950 2. 2720 3. 2449 4. 5. 			Attending Physician ID* 200000000		
Surgery Procedure Code 8942		Date (mm/dd/yy) 01 / 31 / 05		Surgery Procedure Code 	
					
					
Header Other Payers: * ADD/EDIT					
Line No.	Revenue Code*	Days/Units Billed*	Procedure Code Modifiers	Detail Other Payers	
1.	0120	7	 	ADD/EDIT	
2.	0200	2	 	ADD/EDIT	
3.	0250	234	 	ADD/EDIT	

- Now you are back on the original starting screen ready to add your detail information to the claim.
- Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above on the next page. Click the 'ADD DETAIL LINES' until you have all detail lines entered.
- Note- This screen print is continued on page 5.
- On Medicare Part A crossovers, it is not necessary to add the Medicare Other Payer detail information. At this point, you are done entering the information. Click on 'Continue'.

4.	<input type="text" value="0255"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
5.	<input type="text" value="0258"/>	<input type="text" value="12"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
6.	<input type="text" value="0270"/>	<input type="text" value="50"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
7.	<input type="text" value="0278"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
8.	<input type="text" value="0300"/>	<input type="text" value="8"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
9.	<input type="text" value="0301"/>	<input type="text" value="20"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
10.	<input type="text" value="0305"/>	<input type="text" value="8"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
11.	<input type="text" value="0306"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
12.	<input type="text" value="0307"/>	<input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
13.	<input type="text" value="0320"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
14.	<input type="text" value="0323"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
15.	<input type="text" value="0324"/>	<input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
16.	<input type="text" value="0351"/>	<input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
17.	<input type="text" value="0361"/>	<input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
18.	<input type="text" value="0410"/>	<input type="text" value="20"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
19.	<input type="text" value="0420"/>	<input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
20.	<input type="text" value="0424"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
21.	<input type="text" value="0921"/>	<input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ADD/EDIT
ADD DETAIL LINES				

View Other Payers

Continue...

Reset

[\[Home\]](#) [\[Help\]](#)



State of Missouri Medicaid



Medicare UB92 Part A Crossover

If you are not please logout

[Logout](#)

User:

Provider:

Please verify the values entered and click the Edit or Submit button.

Claim Frequency Type Code 1		Provider Medicare Number 26XXXX	
Patient Name (Last Name, First Name) Shriek, Will		Patient Medicaid ID 99999999	
Patient Medicare ID (HIC) 40000000A		Patient Account No.	
Patient Status 01		Type of Bill 11	
Date of Service (mm/dd/yy) From Date 01/31/05 Thru Date 02/09/05		Admission Date (mm/dd/yy) 01/31/05	
Covered days 9	Non Covered Days 0	Co Insurance Days 0	Lifetime Reserved Days 0
Resubmission Ref. No.		Billed Charges \$ 33,997.41	
Diagnosis Codes 3950 2720 2449		Attending Physician ID 200000000	
Surgery Procedure Code 8842	Date (mm/dd/yy) 01/31/05	Surgery Procedure Code	Date (mm/dd/yy)

Header Other Payers: [Click 'View Other Payers'](#)

Line No.	Revenue Code	Days/Units Billed	Procedure Code	Detail Other Payers
			Modifiers	
1.	0120	7		Click 'View Other Payers'
2.	0200	2		Click 'View Other Payers'
3.	0250	234		Click 'View Other Payers'
4.	0255	1		Click 'View Other Payers'
5.	0258	12		Click 'View Other Payers'

- This brings you back to a 'verify' screen asking you to review the information and then either edit the information or submit the claim.
- Note- This screen print is continued on page 7.
- Click on 'Submit'.

6.	0270	50		Click 'View Other Payers'
7.	0278	1		Click 'View Other Payers'
8.	0300	8		Click 'View Other Payers'
9.	0301	20		Click 'View Other Payers'
10.	0305	8		Click 'View Other Payers'
11.	0306	1		Click 'View Other Payers'
12.	0307	2		Click 'View Other Payers'
13.	0320	1		Click 'View Other Payers'
14.	0323	1		Click 'View Other Payers'
15.	0324	2		Click 'View Other Payers'
16.	0351	2		Click 'View Other Payers'
17.	0361	3		Click 'View Other Payers'
18.	0410	20		Click 'View Other Payers'
19.	0420	2		Click 'View Other Payers'
20.	0424	1		Click 'View Other Payers'
21.	0921	1		Click 'View Other Payers'

[View Other Payers](#)

[Edit](#)

[Submit](#)

[\[Home\]](#) [\[Help\]](#)



State of Missouri Medicaid



Medicare UB92 Part A Crossover

If you are not XXXXXXXXXX please logout

Logout

User: XXXXXXXXXX

Provider: 010000000 SAMPLE NUMBER

Thank you. Your claim has been received.

Claim Frequency Type Code 1		Provider Medicare Number 26XXXX	
Patient Name (Last Name, First Name) Shriek, Will		Patient Medicaid ID 99999999	
Patient Medicare ID (HIC) 40000000A		Patient Account No.	
Patient Status 01		Type of Bill 11	
Date of Service (mm/dd/yy) From Date 01/31/05 Thru Date 02/09/05		Admission Date (mm/dd/yy) 01/31/05	
Covered days 9	Non Covered Days 0	Co Insurance Days 0	Lifetime Reserved Days 0
Resubmission Ref. No.		Billed Charges \$ 33,997.41	
Diagnosis Codes 3950 2720 2449		Attending Physician ID 200000000	
Surgery Procedure Code 8842	Date (mm/dd/yy) 01/31/05	Surgery Procedure Code	Date (mm/dd/yy)

Header Other Payers: [Click 'View Other Payers'](#)

Line No.	Revenue Code	Days/Units Billed	Procedure Code	Detail Other Payers
			Modifiers	
1.	0120	7		Click 'View Other Payers'
2.	0200	2		Click 'View Other Payers'
3.	0250	234		Click 'View Other Payers'
4.	0255	1		Click 'View Other Payers'
5.	0258	12		Click 'View Other Payers'

- After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the 'Print' button at the bottom of the screen to print off and save for your records.
- Note – This screen print is continued on page 9.
- To enter another claim, click on 'Next'.

6.	0270	50		Click 'View Other Payers'
7.	0278	1		Click 'View Other Payers'
8.	0300	8		Click 'View Other Payers'
9.	0301	20		Click 'View Other Payers'
10.	0305	8		Click 'View Other Payers'
11.	0306	1		Click 'View Other Payers'
12.	0307	2		Click 'View Other Payers'
13.	0320	1		Click 'View Other Payers'
14.	0323	1		Click 'View Other Payers'
15.	0324	2		Click 'View Other Payers'
16.	0351	2		Click 'View Other Payers'
17.	0361	3		Click 'View Other Payers'
18.	0410	20		Click 'View Other Payers'
19.	0420	2		Click 'View Other Payers'
20.	0424	1		Click 'View Other Payers'
21.	0921	1		Click 'View Other Payers'

[View Other Payers](#)
[Next](#)
[Print](#)
[\[Home\]](#) [\[Help\]](#)

SAMPLE - MEDICARE REMITTANCE
PART B OF A - OUT PATIENT HOSPITAL (NO TPL)

Medicare National Standard Intermediary Remittance Advice

FPE: 06/30/2005

PAID: 10/14/2004

CLM# : 203

53XX X

TOB: 131

PATIENT: SHRIEK	WILL	PCN: 000X1
HIC: 400-00-0000A	SVC FROM: 09/07/2004	MRN: Z111111
PAT STAT: CLAIM STAT: 1	THRU: 09/07/2004	ICN: 204267009999

CHARGES:	PAYMENT DATA: =DRG	0.550=REIM RATE
2102.00=REPORTED	0.00=DRG AMOUNT	0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CAP	0.00=PROF COMPONENT
0.00=CLAIM ADJS.	1508.11=LINE ADJ-AMT	0.00=ESRD AMOUNT
2102.00=COVERED	0.00=OUTLIER	76.65=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER	397.94=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT	0.00=G/R AMOUNT
0=COVD/UTIL	0.00=BLOOD DEDUCT	0.00=INTEREST
0=NON-COVERED	195.95=COINSURANCE	0.00=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND	0.55=PER DIEM AMT
0=NCOV VISITS	0.00=MSP LIAB MET	397.94=NET REIM AMT

REMARK CODES:

MA01

REV	DATE	BCPCS	APC/HIPPS	MODS	QTY.	CHARGES	ALLOW/RETH	GC RSN	AMOUNT	REMARK CODES
0255	09/07				1	99.00	0.00	CO 97	99.00	
0270	09/07				12	191.00	0.00	CO 97	191.00	
0300	09/07	80053			1	45.00	9.44	CO 42	35.56	
0300	09/07	82550			1	28.00	5.82	CO 42	22.18	
0300	09/07	82553			1	106.00	16.67	CO 42	89.33	
0300	09/07	84484			1	112.00	9.66	CO 42	102.34	
0300	09/07	85025			1	69.00	11.22	CO 42	57.78	
0300	09/07	85379			1	104.00	10.59	CO 42	93.41	
0300	09/07	85610			1	20.00	4.59	CO 42	15.41	
0300	09/07	85730			1	36.00	8.66	CO 42	27.34	
0320	09/07	71010	00260		1	128.00	20.28	CO 45	87.45	
								PR 2	20.27	
0350	09/07	71260	00283		1	809.00	121.61	CO 45	567.11	
								PR 2	120.28	
0450	09/07	99284	00612	25	1	302.00	164.01	CO 45	86.44	
								PR 2	51.55	
0730	09/07	93005	00099		1	53.00	15.39	CO 45	33.76	
								PR 2	3.85	

- Using the example of a Medicare EOMB, the following pages will guide you step-by-step through the process to file your Crossover Claim through the Medicaid billing Website at www.emomed.com to collect the deductible/coinsurance amount.



State of Missouri Medicaid



Medicare UB92 Part B Crossover

If you are not XXXXXXXXXX, please logout

[Logout](#)

User: XXXXXXXXXX

Provider:

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*			
<input type="text" value="1-Original"/>		<input type="text" value="53xxx"/>			
Patient Name (Last Name, First Name)*		Patient Medicaid ID*			
<input type="text" value="Shriek"/> <input type="text" value="Will"/>		<input type="text" value="99999999"/>			
Patient Medicare ID (HIC)*		Patient Account No.			
<input type="text" value="400000000A"/>		<input type="text"/>			
Resubmission Ref. No.		Type of Bill*			
<input type="text"/>		<input type="text" value="13-Hospital Outpatient"/>			
Diagnosis Codes* (Do not include the decimal)		Attending Physician ID*			
1. <input type="text" value="78652"/> 2. <input type="text" value="25000"/> 3. <input type="text" value="4019"/> 4. <input type="text"/> 5. <input type="text"/>		<input type="text" value="200000000"/>			
Surgery Procedure Code		Surgery Procedure Code			
<input type="text"/>		<input type="text"/>			
Date (mm/dd/yy)		Date (mm/dd/yy)			
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>			
<input type="text"/>		<input type="text"/>			
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>			
<input type="text"/>		<input type="text"/>			
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>			
<input type="text"/>		<input type="text"/>			
Header Other Payers: * ADD/EDIT					
Line No.	Revenue Code	From Date (mm/dd/yy)*	Billed Charges \$*	Procedure Code*	Detail Other Payers
	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount \$*	Modifiers	
1.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	ADD/EDIT
	<input type="text" value="0"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>	
ADD DETAIL LINES					

[View Other Payers](#)

[Continue...](#)

[Reset](#)

[\[Home\]](#) [\[Help\]](#)

- At the Medicaid billing website, click on 'Medicare UB-92 Part B of A Crossover';
- Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions;
- Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.



State of Missouri Medicaid



Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part B Crossover claim.

Fields marked * must be filled in.

Other Payer #1					
Filing Indicator* MB-Medicare		Other Payer Name* Medicare			
Paid Amount \$ 397.94		Paid Date (mm/dd/yy)* 10 / 14 / 04		Medicare Claim No. 2042670099999	
Header Allowed Amount \$ *		397.94		Total Denied Amount \$ 0.00	
Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
Add Reason Codes					
Remark Codes					
Remove Payer #1					

Add Payer

Done

Cancel

[\[Help\]](#)

- Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top of the form and complete the information at the top as shown. For Part B and Part B of A crossover claims, you do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- Click on 'Done'.



State of Missouri Medicaid



Medicare UB92 Part B Crossover

If you are not please logout

[Logout](#)

User:

Provider: 010000000 SAMPLE NUMBER

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*			
1-Original		53xxx			
Patient Name (Last Name, First Name)*		Patient Medicaid ID*			
Shriek Will		99999999			
Patient Medicare ID (HIC)*		Patient Account No.			
400000000A					
Resubmission Ref. No.		Type of Bill*			
		13-Hospital Outpatient			
Diagnosis Codes* (Do not include the decimal)		Attending Physician ID*			
1. 78652 2. 25000 3. 4019 4. 5.		200000000			
Surgery Procedure Code		Surgery Procedure Code			
Date (mm/dd/yy)		Date (mm/dd/yy)			
Header Other Payers: * ADD/EDIT					
Line No.	Revenue Code	From Date (mm/dd/yy)*	Billed Charges \$*	Procedure Code*	Detail Other Payers
	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount \$*	Modifiers	
1.	0255	09 / 07 / 04	99.00	00000	ADD/EDIT
	1	09 / 07 / 04	0.00		
2.	0270	09 / 07 / 04	191.00	00000	ADD/EDIT
	12	09 / 07 / 04	0.00		
3.	0300	09 / 07 / 04	45.00	80053	ADD/EDIT
	1	09 / 07 / 04	9.44		
4.	0300	09 / 07 / 04	28.00	82550	ADD/EDIT
	1	09 / 07 / 04	5.82		
5.	0300	09 / 07 / 04	106.00	82553	ADD/EDIT
	1	09 / 07 / 04	16.67		

➤ See Page 5 for instructions.

6.	0300 1	09 / 07 / 04 09 / 07 / 04	112.00 9.66	84484 [] [] [] []	ADD/EDIT
7.	0300 1	09 / 07 / 04 09 / 07 / 04	69.00 11.22	85025 [] [] [] []	ADD/EDIT
8.	0300 1	09 / 07 / 04 09 / 07 / 04	104.00 10.59	85379 [] [] [] []	ADD/EDIT
9.	0300 1	09 / 07 / 04 09 / 07 / 04	20.00 4.59	85610 [] [] [] []	ADD/EDIT
10.	0300 1	09 / 07 / 04 09 / 07 / 04	36.00 8.66	85730 [] [] [] []	ADD/EDIT
11.	0320 1	09 / 07 / 04 09 / 07 / 04	128.00 20.28	71010 [] [] [] []	ADD/EDIT
12.	0350 1	09 / 07 / 04 09 / 07 / 04	809.00 121.61	71260 [] [] [] []	ADD/EDIT
13.	0450 1	09 / 07 / 04 09 / 07 / 04	302.00 164.01	99284 25 [] [] [] []	ADD/EDIT
14.	0730 1	09 / 07 / 04 09 / 07 / 04	53.00 15.39	93005 [] [] [] []	ADD/EDIT
ADD DETAIL LINES					

View Other Payers

Continue...

Reset

[\[Home\]](#) [\[Help\]](#)

- Now you are back to the original screen ready to enter your detail information for the claim.
- Again, using the sample Medicare EOMB from the opening page, enter the detail information for line 1 and then click on “ADD/EDIT” to add the Medicaid detail information for line 1. You must do this each line reported on the Medicare EOMB. In this sample, the basic detail line information has been added for each detail line.



State of Missouri Medicaid



Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim.

Fields marked * must be filled in.

Claim Detail Line #1
Other Payer #1

Paid Date (mm/dd/yy)* 10 / 14 / 04

Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	097	99.00			

[Add Reason Codes](#)

[Remove Payer #1](#)

[Add Payer](#)
[Done](#) [Cancel](#)
[\[Help\]](#)

- Now you are on the Other Payer Detail screen. You must complete an Other Payer Detail screen for each line of your claim. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts for line #1. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of '001' for deductible amounts and '002' for coinsurance amounts due. In this sample, the provider should report CO-97 and \$99.00 as shown on the sample EOMB for line 1.
- The 'Adjust Amount' should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.



State of Missouri Medicaid



Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim.

Fields marked * must be filled in.

Claim Detail Line #11						
Other Payer #1						
Paid Date (mm/dd/yy)*		10	/	14	/	04
Group Codes, Reason Codes & Adjustment Amounts						
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$	
CO-Contractual Obligation	045	87.45	PR-Patient Responsibility	002	20.27	
					Add Reason Codes	
					Remove Payer #1	

Add Payer

Done

Cancel

[\[Help\]](#)

- Enter a claim detail line for each line from your Medicare EOMB. All lines are not shown on this example.
- This is a sample detail entry for line 11 showing both contractual and patient responsibility codes and amounts.
- After all claim detail lines have been entered, click 'Done'.



State of Missouri Medicaid



Medicare UB92 Part B Crossover

If you are not XXXXXXXXXX please logout

[Logout](#)

User: XXXXXXXXXX

Provider: 010000000 SAMPLE NUMBER

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*	
1-Original		53xxx	
Patient Name (Last Name, First Name)*		Patient Medicaid ID*	
Shriek Will		99999999	
Patient Medicare ID (HIC)*		Patient Account No.	
400000000A			
Resubmission Ref. No.		Type of Bill*	
		13-Hospital Outpatient	
Diagnosis Codes* (Do not include the decimal)		Attending Physician ID*	
1. 78652 2. 25000 3. 4019 4. 5. 		200000000	
Surgery Procedure Code		Surgery Procedure Code	
			
Date (mm/dd/yy)		Date (mm/dd/yy)	
 / / 		 / / 	
 / / 		 / / 	
 / / 		 / / 	

Header Other Payers: *

[ADD/EDIT](#)

Line No.	Revenue Code	From Date (mm/dd/yy)*	Billed Charges \$*	Procedure Code*	Detail Other Payers
	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount \$*	Modifiers	
1.	0255	09 / 07 / 04	99.00	00000	ADD/EDIT
	1	09 / 07 / 04	0.00	 	
2.	0270	09 / 07 / 04	191.00	00000	ADD/EDIT
	12	09 / 07 / 04	0.00	 	
3.	0300	09 / 07 / 04	45.00	80053	ADD/EDIT
	1	09 / 07 / 04	9.44	 	
4.	0300	09 / 07 / 04	28.00	82550	ADD/EDIT
	1	09 / 07 / 04	5.82	 	
5.	0300	09 / 07 / 04	106.00	82553	ADD/EDIT
	1	09 / 07 / 04	16.67	 	

➤ See Page 9 for instructions.

6.	0300 1	09 / 07 / 04 09 / 07 / 04	112.00 9.66	84484 [] [] [] []	ADD/EDIT
7.	0300 1	09 / 07 / 04 09 / 07 / 04	69.00 11.22	85025 [] [] [] []	ADD/EDIT
8.	0300 1	09 / 07 / 04 09 / 07 / 04	104.00 10.59	85379 [] [] [] []	ADD/EDIT
9.	0300 1	09 / 07 / 04 09 / 07 / 04	20.00 4.59	85610 [] [] [] []	ADD/EDIT
10.	0300 1	09 / 07 / 04 09 / 07 / 04	36.00 8.66	85730 [] [] [] []	ADD/EDIT
11.	0320 1	09 / 07 / 04 09 / 07 / 04	128.00 20.28	71010 [] [] [] []	ADD/EDIT
12.	0350 1	09 / 07 / 04 09 / 07 / 04	809.00 121.61	71260 [] [] [] []	ADD/EDIT
13.	0450 1	09 / 07 / 04 09 / 07 / 04	302.00 164.01	99284 25 [] [] [] []	ADD/EDIT
14.	0730 1	09 / 07 / 04 09 / 07 / 04	53.00 15.39	93005 [] [] [] []	ADD/EDIT
ADD DETAIL LINES					

View Other Payers

Continue...

Reset

[\[Home\]](#) [\[Help\]](#)

- When you click “Done” on the last line detail entry screen, you will be brought back to the original screen which now should show the basic information for each detail line.
- Since you are now done entering the header and detail information, click on “Continue”.



State of Missouri Medicaid



Medicare UB92 Part B Crossover

If you are not XXXXXXXXXX, please logout

[Logout](#)

User: XXXXXXXXXX

Provider

010000000

Please verify the values entered and click the Edit or Submit button.

Claim Frequency Type Code 1	Provider Medicare Number 53xxx
Patient Name (Last Name, First Name) Shriek, Will	Patient Medicaid ID 99999999
Patient Medicare ID (HIC) 400000000A	Patient Account No.
Resubmission Ref. No.	Type of Bill 13
Diagnosis Codes 78652 25000 4019	Attending Physician ID 200000000
Surgery Procedure Code Date (mm/dd/yy)	Surgery Procedure Code Date (mm/dd/yy)

Header Other Payers: [Click 'View Other Payers'](#)

Line No.	Revenue Code	From Date (mm/dd/yy)	Billed Charges \$	Procedure Code	Detail Other Payers
	Days/Units Billed	Thru Date (mm/dd/yy)	Paid Amount \$	Modifiers	
1.	0255	09/07/04	99.00	00000	Click 'View Other Payers'
	1	09/07/04	0.00		
2.	0270	09/07/04	191.00	00000	Click 'View Other Payers'
	12	09/07/04	0.00		
3.	0300	09/07/04	45.00	80053	Click 'View Other Payers'
	1	09/07/04	9.44		
4.	0300	09/07/04	28.00	82550	Click 'View Other Payers'
	1	09/07/04	5.82		
5.	0300	09/07/04	106.00	82553	Click 'View Other Payers'
	1	09/07/04	16.67		
6.	0300	09/07/04	112.00	84484	Click 'View Other Payers'
	1	09/07/04	9.66		

010000000

➤ See Page 11 for instructions.

7.	0300	09/07/04	69.00	85025	<i>Click 'View Other Payers'</i>
	1	09/07/04	11.22		
8.	0300	09/07/04	104.00	85379	<i>Click 'View Other Payers'</i>
	1	09/07/04	10.59		
9.	0300	09/07/04	20.00	85610	<i>Click 'View Other Payers'</i>
	1	09/07/04	4.59		
10.	0300	09/07/04	36.00	85730	<i>Click 'View Other Payers'</i>
	1	09/07/04	8.66		
11.	0320	09/07/04	128.00	71010	<i>Click 'View Other Payers'</i>
	1	09/07/04	20.28		
12.	0350	09/07/04	809.00	71260	<i>Click 'View Other Payers'</i>
	1	09/07/04	121.61		
13.	0450	09/07/04	302.00	99284	<i>Click 'View Other Payers'</i>
	1	09/07/04	164.01	25	
14.	0730	09/07/04	53.00	93005	<i>Click 'View Other Payers'</i>
	1	09/07/04	15.39		

View Other Payers

Edit

Submit

[\[Home\]](#) [\[Help\]](#)

- This brings you to a screen asking you to verify the information entered. Scroll to the bottom of the screen and click 'Help', print off and save the instructions.
- You can either edit the information or submit. Click on 'Submit'.
- If you click on "View Other Payers", the screens on pages 12 and 13 will open. See page 13 for instructions.



**State of Missouri
Medicaid**



Other Payer Information

Other Payer Information for Medicare UB92 Part B Crossover claim.

Claim Header		Payer #1			
Filing Indicator	MB	Other Payer Name		Medicare	
Paid Amount \$		Paid Date (mm/dd/yy)		Medicare Claim No.	
397.94		10/14/04		2042670099999	
Header Allowed Amount \$		397.94		Total Denied Amount \$ 0.00	
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
Remark Codes					
Claim Detail Line #1		Payer #1			
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	097	99.00			
Claim Detail Line #2		Payer #1			
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	097	191.00			
Claim Detail Line #3		Payer #1			
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	35.56			
Claim Detail Line #4		Payer #1			
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	22.18			
Claim Detail Line #5		Payer #1			
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	89.33			

➤ **See page 13 for instructions.**

Claim Detail Line #7			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	57.78			

Claim Detail Line #8			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	93.41			

Claim Detail Line #9			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	15.41			

Claim Detail Line #10			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	042	27.34			

Claim Detail Line #11			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	045	87.45	PR	002	20.27

Claim Detail Line #12			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	045	567.11	PR	002	120.88

Claim Detail Line #13			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	045	86.44	PR	002	51.55

Claim Detail Line #14			Payer #1		
		Paid Date (mm/dd/yy)			
		10/14/04			
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO	045	33.76	PR	002	3.85

Done

- If you clicked on “View Other Payers”, the screens on pages 12 and 13 open. These screens let you see the detail information you entered for the header and line level details on the previous screens. Not all detail lines are shown on this sample because of Medical Services’ computer screen capture limitations (line 6 is missing). You can print this for your records.



State of Missouri Medicaid



Medicare UB92 Part B Crossover

If you are not , please logout

[Logout](#)

User: 

Provider: 010000000

Thank you. Your claim has been received.

Claim Frequency Type Code 1	Provider Medicare Number 53xxx
Patient Name (Last Name, First Name) Shriek, Will	Patient Medicaid ID 99999999
Patient Medicare ID (HIC) 400000000A	Patient Account No.
Resubmission Ref. No.	Type of Bill 13
Diagnosis Codes 78652 25000 4019	Attending Physician ID 200000000
Surgery Procedure Code Date (mm/dd/yy)	Surgery Procedure Code Date (mm/dd/yy)

Header Other Payers: [Click 'View Other Payers'](#)

Line No.	Revenue Code	From Date (mm/dd/yy)	Billed Charges \$	Procedure Code	Detail Other Payers
	Days/Units Billed	Thru Date (mm/dd/yy)	Paid Amount \$	Modifiers	
1.	0255	09/07/04	99.00	00000	Click 'View Other Payers'
	1	09/07/04	0.00		
2.	0270	09/07/04	191.00	00000	Click 'View Other Payers'
	12	09/07/04	0.00		
3.	0300	09/07/04	45.00	80053	Click 'View Other Payers'
	1	09/07/04	9.44		
4.	0300	09/07/04	28.00	82550	Click 'View Other Payers'
	1	09/07/04	5.82		
5.	0300	09/07/04	106.00	82553	Click 'View Other Payers'
	1	09/07/04	16.67		
6.	0300	09/07/04	112.00	84484	Click 'View Other Payers'
	1	09/07/04	9.66		

➤ See Page 15 for instructions.

7.	0300	09/07/04	69.00	85025	<i>Click 'View Other Payers'</i>
	1	09/07/04	11.22		
8.	0300	09/07/04	104.00	85379	<i>Click 'View Other Payers'</i>
	1	09/07/04	10.59		
9.	0300	09/07/04	20.00	85610	<i>Click 'View Other Payers'</i>
	1	09/07/04	4.59		
10.	0300	09/07/04	36.00	85730	<i>Click 'View Other Payers'</i>
	1	09/07/04	8.66		
11.	0320	09/07/04	128.00	71010	<i>Click 'View Other Payers'</i>
	1	09/07/04	20.28		
12.	0350	09/07/04	809.00	71260	<i>Click 'View Other Payers'</i>
	1	09/07/04	121.61		
13.	0450	09/07/04	302.00	99284	<i>Click 'View Other Payers'</i>
	1	09/07/04	164.01	25	
14.	0730	09/07/04	53.00	93005	<i>Click 'View Other Payers'</i>
	1	09/07/04	15.39		

View Other Payers

Next

Print

[\[Home\]](#) [\[Help\]](#)

- After submitting your claim, you will be brought to a screen which states, “Thank you. Your claim has been received”. Click on the ‘Print’ button at the bottom of the screen to print off and save for your records.
- To enter another claim, click on ‘Next’.